FORM D

Wail Processing Section

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

LIE 22 2008

FORM D

NOTICE OF SALE OF SECURITIES

Neshington, DG QOR _

PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

OMB Ap	proval					
OMB Number:	3235-0076					
Expires:						
Estimated average burden						
hours par raspa	16.00					

SEC USE ONLY						
Prefix	1	Serial				
DATE RECEIVED						

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series C Convertible Preferred Voting Membership Units					
Filing Under (Check box(es) that apply):					
Type of Filing: New Filing □Amendment					
A. BASIC IDENTIFICATION DATA					
1. Enter the information requested about the issuer					
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) The Natural Pasta Company, LLC					
ddress of Executive Offices (Number and Street, City, State, Zip Code) 28 Vernon St. Brattleboro, VT 05301 ddress of Principal Business Operations (Number and Street, City, State, Zip Code) (Number and Street, City, State, Zip Code) Telephone (802) 257-4800 Telephone Number (Including Area Code)					
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)					
(if different from Executive Offices)					
Brief Description of Business					
Manufacture, distribution, marketing/sales of fresh-frozen, all-natural, premium pastas, sauces and meal solutions to the wholesale market					
Type of Business Organization					
☐ corporation ☐ limited partnership, already formed					
business trust limited partnership, to be formed other (please specify): limited liability company					
Actual or Estimated Date of Incorporation or Organization: Month Year 0 5 0 6 Actual Estimated CESSED					
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) DE JUL 2 5 2008					
GENERAL INSTRUCTIONS THOMSON REUTER					

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File; A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A. BASIC IDENTIF	ICATION DATA		
2. Enter the information reques	ted for the follov	wing:			
Each promoter of the iss	suer, if the issue	r has been organized within	n the past five years;		
 Each beneficial owner h of the issuer. 	naving the power	r to vote or dispose, or dire	ct the vote or disposition o	f, 10% or more of	a class of equity securities
 Each executive officer a 	and director of co	orporate issuers and of corp	oorate general and managir	ng partners of partn	ership issuers; and
 Each general and manage 	ging partner of p	artnership issuers.			
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind CEI Community Ventur	•				
Business or Residence Address 2 Portland Fish Pier, Su	•	treet, City, State, Zip Code I, ME 04101	;)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if ind Michael Burgmaier	lividual)				
Business or Residence Address c/o CEI Community Ve	•	Street, City, State, Zip Code C, 2 Portland Fish Pier, Su	e) ite 201, Portland, ME 041	01	
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer		General and/or Managing Partner
Full Name (Last name first, if ind Paul Jaggi	lividual)				
Business or Residence Address 25 Lettery Circle, Sudbi	•	Street, City, State, Zip Code	e)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if inc Ray Moncrief	lividual)				
Business or Residence Address c/o Southern Appalachia	•	Street, City, State, Zip Code Company, LLC PO Box 1	e) 738, 362 Old Whitley Roa	d, London, KY 407	743-1738
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if inc Jason Winship	lividual)				
Business or Residence Address c/o Sea Change Investm	•	Street, City, State, Zip Code 423 Washington Street, 3r	e) d Floor, San Francisco, CA	A 94111	
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if inc David Thibodeau	dividual)				
Business or Residence Address c/o Canaccord Adams,	•	Street, City, State, Zip Code uite 1200, Boston, MA 02	•		
			1 2 6.17 1 .		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner				
Full Name (Last name first, Community Devel	,	apital Alliance							
Business or Residence Address (Number and Street, City, State, Zip Code) 424 West 33rd Street, Suite 320, New York, NY 10001									
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first, Sea Change Invest	. *								
Business or Residence Addre	ess (Number an	d Street, City, State, Zip Co	ode)						

423 Washington Street, 3rd Floor, San Francisco, CA 94111

				B.	INFORMA	TION ABO	UT OFFE	RING		•		
												'es No
 Has tl 	he issuer so	ld, or does t		-	to non-accre	•		_			[
					ndix, Colun		_				_	
2. What	is the mini	mum invest	ment that w	ill be accept	ed from any	individual?	·			•••••		S
			_	_	unit?							'es No ⊠ □
					has been or							
					ction with sa ind/or with a							
to be	listed are as	ssociated pe	rsons of suc	h a broker o	r dealer, yo	u may set fo	rth the info	rmation for	that broker	or dealer on	ly.	· / I
Full Nam	ie (Last nai	me first, if it	ndividual)									
Business	or Residen	ce Address	(Number ar	d Street, Ci	ty, State, Zij	p)	 .					
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Name of	Associated	Broker or I	Dealer									
States in	Which Pers	on Listed H	las Solicited	or Intends t	o Solicit Pu	rchasers				•	•	
(Chec	ck "All Stat	es" or check	individual	States)								All States
AL	AK	ΑZ	AR	CA	co	CT	DE	ÞΩ	FL	GA	HI	ID
		ĪĀ	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
			_	_	_		_		_	_		
MT	NE	NV	NH	[17]	NM	NY	NC	ND	ОН	OK.	OR	PA
RI	SC	SD	TN	ΓX	UT	VT	VA	WA	wv	WI	WY	PR
Full Nam	ne (Last nar	ne first, if i	ndividual)				٠					
Business	or Residen	ce Address	(Number ar	d Street, Ci	ty, State, Zij	p)						
Name of	Associated	Broker or I	Dealer									
States in	Which Does	on Listed II	lan Caliaitad	on Intended	o Solicit Pu							
										••••••		All States
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ĪL.	IN	ĪĀ	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
Ri	sc	SD	TN	TX	UT	VT	VA	WA	wv	WI	WY	PR
Full Nam	ne (Last nai	ne first, if i	ndividual)		····				· · ·			
Business	or Residen	ce Address	(Number ar	d Street. Ci	ty, State, Zi	n)						
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Name of	Associated	Broker or I	Dealer									
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					to Solicit Pu							All States
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	AK	ΑZ	AR	CA	co	CT	DE	<u>pd</u>	FU	(GA)	HI	ID TO
		<u>LA</u>	KS	<u>KY</u>	LA	ME	MD	MA	MI	MN	MS	<u>MO</u>
MT	NE	NV	NH		NM	NY	NO	ND	OH OH	OK WI	OR 5007	PA DD
RI	SC	SD	[N	TX	UT	VT	<u>[VA]</u> 	<u>WA</u>	₩V	WI	WY	PR
			(Use bla	nk sheet, or	copy and us	e additional	copies of the	nis sheet, as	necessary.)			

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
		Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt		\$
	Equity Series C Convertible Preferred Voting Membership Units	\$ <u>2,350,000.00</u>	\$ <u>2,350,000.00</u>
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)		
	Partnership Interests		
	Other (Specify)	\$	
	Total	\$ <u>2,350,000.00</u>	\$ 2,350,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		\$
	Non-accredited Investors		. \$
	Total (for filings under Rule 504)		
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.	Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505	•	c
	Regulation A		\$
	Rule 504		
			- °
	Total		_ Ψ
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees] \$
	Printing and Engraving Costs] \$
	Legal Fees	_	\$ 20,000.00
	Accounting Fees	_] s
	Engineering Fees	_] \$
	Sales Commissions (specify finders' fees separately)] \$ _
	Other Expenses (identify) State filing fees (CA - \$300; ME - \$300; VT - \$250; NH - \$250)		\$1,100.00
	Total		₹ \$ 21.100.00

C. OFFERING FRICE,	NUMBER OF INVESTORS, EXPENSES	AND USE OF TROCEEDS	
b. Enter the difference between the aggregate Question 1 and total expenses furnished in rest the "adjusted gross proceeds to the issuer."	ponse to Part C - Question 4.a. This differen	nce is	\$2,329,000.00
Indicate below the amount of the adjusted gross for each of the purposes shown. If the amount and check the box to the left of the estimate. adjusted gross proceeds to the issuer set forth in	for any purpose is not known, furnish an est The total of the payments listed must equ	timate	
		Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees		⋈ \$ <u>100,000.00</u> □	\$
Purchase of real estate	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$
Purchase, rental or leasing and installation o		s	\$
	nd facilities		<u>. </u>
Acquisition of other businesses (including the			3
offering that may be used in exchange for the	e assets or securities of another issuer	_	
Repayment of indebtedness		□ s	\$
- ·		□ s □	\$
Other (specify):		□ s ⊠	\$2,229,000.00
		s	\$
		⋈ \$ <u>100,000.00</u>	\$2,229,000.00
Total Payments Listed (column totals added)	\$2,329,000.00_	
	D. FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed to signature constitutes an undertaking by the issuer to information furnished by the issuer to any non-accordance.	furnish to the U.S. Securities and Exchange	Commission, upon written request	, the following of its staff, the
Issuer (Print or Type)	Signature	Date	
The Natural Pasta Company, LLC	0.8		
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
Michael Burgmaier	Member of the Board of	Managers	
-			
	ATTENTION		

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Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE	
1. Is any party described in 17 CFR 230.252(c), (d), (e) or	r (f) presently subject to any of the disqualification	Yes No provisions of such rule? 🔲 🔀
See A _J	ppendix, Column 5, for state response.	
The undersigned issuer hereby undertakes to furnish to CFR 239.500) at such times as required by state law.	any state administrator of any state in which this no	otice is filed, a notice on Form D (17
The undersigned issuer hereby undertakes to furnish to offerees.	the state administrators, upon written request, info	rmation furnished by the issuer to
4. The undersigned issuer represents that the issuer is fam Offering Exemption (ULOE) of the state in which this has the burden of establishing that these conditions hav	notice is filed and understands that the issuer claim	
The issuer has read this notification and knows the contents duly authorized person.	s to be true and has duly caused this notice to be sig	gned on its behalf by the undersigned
Issuer (Print or Type) The Natural Pasta Company, LLC	Signature / Signature	Date 6/25/08
Name (Print or Type) Michael Burgmaier	Title (Print/or Type) Member of the Board of Managers	, ,

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Intend to sell to non-accredited investors in State Type of security and aggregate offering price offered in state			4 Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No		
AL											
_ AK											
ΑZ											
AR ·	·										
CA		Х		1	\$1,855,000				x		
со											
СТ											
DE ·						<u></u>					
DC						ļ,					
FL											
GA											
HI							·				
ID .							·				
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KS											
KY											
LA											
ME		X		2	\$140,000				Х		
MD											
MA											
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MN											
MS											
МО											

APPENDIX

1	2		2 3 4						
	to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
				Number of Accredited		Number of Non- Accredited			
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
MT									
NE									
NV									
NH		X		3	\$55,000				Х
NJ									
NM									
NY		X		1	\$250,000				Х
NC									
ND									
ОН					=				
ОК						•			
OR	-			i					
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VΤ		X		1	\$50,000				X
VA									
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wv									
WI				- · · · · · · · · · · · · · · · · · · ·			A 34 4 4		
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